

ABSTRACT

SOCIAL WORK

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A STUDY OF THE ELIMINATION OF CIGARETTE SMOKING WITHIN ONE TO THREE CONSECUTIVE WEEKLY HYPNOTIC SESSIONS

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The objective of this study was to evaluate the effectiveness of hypnosis in assisting people with smoking cessation within one to three consecutive weekly sessions.

Instruments used in the study were a suggestibility questionnaire (to determine suggestibility and whether to provide literal or inferred suggestions to the client) a health appraisal questionnaire, an audio tape of the hypnotic portion of the session, and a chart to assist clients in recording the number of days they listened to their hypnotic tape.

Sixteen participants, males and females, took part in the study. Each person was hypnotized for one to three consecutive weekly sessions. The clients were followed up with once a week for two weeks and once a month for three months after their last session in which they stopped smoking. Those individuals who did not stop smoking after three sessions or returned to smoking during the follow up period were considered smokers and their participation ended at that time. Total abstinence from smoking during the study period was the criterion for a successful outcome.

This study viewed hypnosis as a viable therapeutic tool in aiding people in smoking cessation. The results of the study concluded hypnosis does help in stopping smoking.

A STUDY OF THE ELIMINATION OF CIGARETTE SMOKING WITHIN ONE TO
THREE CONSECUTIVE WEEKLY HYPNOTIC SESSIONS

A THESIS

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E.F.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
LIST OF TABLES.....	iv
LIST OF FIGURES.....	v
CHAPTER	
I. INTRODUCTION	1
Statement of the problem.....	2
Significance/Purpose of the Study.....	3
II. REVIEW OF THE LITERATURE	5
Overview of Major Theoretical Orientations.....	5
Definition of Terms.....	11
Statement of Hypothesis.....	13
III. METHODOLOGY	14
Research Design.....	14
Sampling	17
Qualifications of Researcher	17
Data Collection Procedure (Instrumentation).....	18
Data Analysis.....	19
IV. PRESENTATION OF RESULTS.....	20
V. SUMMARY AND CONCLUSIONS.....	23
Limitations of the Study.....	28
Suggested Research Directions.....	28
VI. IMPLICATION FOR SOCIAL WORK PRACTICE.....	30
APPENDIX.....	31
BIBLIOGRAPHY.....	40

List of Tables

Table	Page
1. Stop Smoking Study - Participant Data	22

List of Figures

Figure	Page
1. Number of Participants Smoking During Course of Study.....	27

CHAPTER I

INTRODUCTION

A term often used today to the point of ad nauseum is the new paradigm in healthcare. As a society we have found the cost of treating disease too costly, thus there has been an outcry from employers, insurance companies, and individuals nationwide. We must and will put forth an effort to shift from the costly treatment of disease to the necessity of prevention and wellness.

In the past, little effort was made through life style choices to prevent disease rather the emphasis was on treatment of disease after onset. Previously more medicine was better medicine in that this approach fueled the economy, however, treatment has become too costly and transition to prevention is starting to be supported by many segments of our population.

As one examines public health issues in the nineties, it is quickly evident that a major concern is the issue of smoking and the myriad of medical problems related to the habit. It is my suggestion that cessation of smoking through the use of hypnosis is an indicated and viable option.

Statement of the Problem

Smoking has long been suspected to be an addiction which causes not only health problems for men, women, teenagers, and children, but it is also an economic strain on families and our healthcare system. According to the Centers for Disease Control, direct medical costs related to smoking in 1993 were fifty billion dollars.¹ Families affected by disease linked to smoking may lose their loved one(s) and/or also the breadwinner, creating an emotional and financial hardship at the same time. Diseases specifically related to smoking such as lung cancer and emphysema can be long term and costly, which can directly impact the cost of insurance premiums and/or other healthcare related societal concerns.

Smoking is on the increase among teenagers and women, with lower socioeconomic and less educated groups being hit the hardest by this addiction according to Centers for Disease Control,² and Valentich.³ Valentich also sites long term use of tobacco as being linked to many cancers such as mouth, esophagus, lung, pancreatic, and cervical cancer. Smoking is also a major cause of cardiac, peripheral vascular, and respiratory disease, including chronic obstructive pulmonary disease.⁴

¹ Department of Health and Human Services. State Tobacco Control Highlights - 1996. ([Washington, D.C.] : U. S. Department of Health and Human Services, 1996) 112.

² Ibid.

³ Mary Valentich. "Social Work and the Development of a Smoke Free Society," Social Work 39, (July, 1994): 440.

⁴ Michael J. Thun et al. , eds., "Excess Mortality Among Cigarette Smokers: Changes in a 20 - Year Interval," American Journal of Public Health 85, (September, 1995): 1223-29.

Non smokers, especially our young children are being adversely affected by second hand smoke or passive smoking, which puts children at risk for severe respiratory diseases and can hinder the growth of their lungs, and the U.S. Public Health Service research and finding states that the effects can last an entire lifetime.⁵ Also, pediatrician Fernando D. Martinez, at the University of Arizona College of Medicine, calculates that passive smoking may cause up to 100,000 new cases of pediatric asthma in the United States each year. “That’s an enormous burden on our health care system and on our kids,” he says.⁶

We, as social workers, need to take an in-depth look at present circumstances and recognize that addiction to tobacco is an area that necessitates our attention and our assistance is indeed quintessential in its eradication. Traditionally, social workers have taken responsibility to foster health within our communities and families through counseling and education, and this emphasis needs to remain strong and consistent in dealing with the elimination of smoking.

Using hypnosis as a tool to help overcome this debilitating habit, can be cost effective, relatively brief in nature, and since medication is not used, side effects are not a drawback. These points are all noteworthy when considering treatment modalities.

Significance /Purpose of the Study

The primary purpose of this study is to look at the use of hypnosis as a viable treatment in assisting smokers to become non smokers thus creating an additional

⁵ Nancy Dreher, “Women and Smoking,” Current Health 21, (April, 1995): 19

⁶ K. A. Fackelman, “Passive Smoking Risk Proves a Family Affair,” Science News 141, (January, 1992): 54.

resource for smoking cessation and aiding in the reduction of health and economic concerns.

As a clinical hypnotherapist and one who has been helping people in the area of smoking cessation for the past twelve years, this researcher has seen and continues to see individuals suffer the consequences from smoking such as emphysema and lung cancer. In some instances one actually suffocates from not being able to receive enough oxygen to their system. It is not uncommon for this researcher to hear “If only I hadn’t taken that last cigarette.” What seems to often go unstated by the smoker is the significance of the first cigarette rather than the last. Indeed, the emotional trauma to the family members as well as financial hardships are devastating and monumental.

Since a large segment of this researcher’s clientele allegedly are people who want to stop smoking, this researcher believes it was appropriate to focus her energies in the area of smoking cessation through the use of hypnosis as the best way to utilize her time and abilities on this subject matter.

CHAPTER II

REVIEW OF THE LITERATURE

Overview of Major Theoretical Orientations

Historically, tobacco was suspected to be an addictive substance as early as the 15th century when Bartolome de Las Casa, the friar who accompanied Columbus to the New World, wrote about some sailors he reproved for smoking cigars and how they replied “they were not able to stop taking them.” Later, in 1517, a complaint from Brazil suggested that Christians had become “much attached to this plant,” and by the middle of the century there was a scandal concerning a bishop who was relieved of his position because without smoking “he could not live.”⁷ In a similar vein, the health hazard of second hand smoke or passive smoking was recognized by the British Parliament in the Railway Bill of 1868, which mandated smoke free cars on British railways so as to prevent injury to non smokers.⁸

As smoking in the past continued to increase, more studies were undertaken to examine the hazards of smoking. Such studies included a comparison in smoking death rates from that of the 1960’s to that of the 1980’s, in which results showed premature

⁷ Thomas W. Laquer, “The Truth About Smoking,” 1995. The Atlanta Journal/The Atlanta Constitution, 8 October, 4 (H).

⁸ Ibid.

mortality doubled in women and continued unabated in men. Figures also proved lung cancer surpassed coronary heart disease as the largest single contributor to smoking attributable death among White middle-class smokers.⁹

Looking at this historically, smoking has been a long public health concern and is one of the primary reasons this researcher chose to use her hypnotherapeutic skills as an intervention. Also, in the last few years hypnosis has become more acceptable in the medical field as an aid in modification as it relates to stopping smoking,¹⁰ which hopefully will assist in further study of this modality to help eliminate the destructive habit of smoking.

Upon reviewing the literature on this subject, the first study selected by this researcher was entitled Performance by Gender in a Stop Smoking Program Combining Hypnosis and Aversion.¹¹ It is of note that in this research, the study cited the increase in female smokers and smoking related illness. Most studies look at male smoking and overlook the significant need for intervention, prevention and treatment for women. Thus, this researcher believes the combination of hypnosis and aversion therapy was chosen to increase the likelihood of success.

The above study was selected because of the documented excellent results and the commonality of length of the study between that of this researcher and Johnson & Karkut's. This three month study included 93 male and 93 female smokers, obtained

⁹ Ibid., (Thun)

¹⁰ Roswitha M. Winsor, "Hypnosis - A Neglected Tool for Client Empowerment," Social Work 38, (September, 1993): 603-8.

¹¹ David L. Johnson and Richard T. Karkut, "Performance By Gender In A Stop Smoking Program Combining Hypnosis and Aversion," Psychological Reports 75, (1994): 851-857.

from a newspaper ad, and they were seen on a first come first serve basis by the same clinician, and each client needed physician approval before entering the program. Since physician referral is not required for stopping smoking through the use of hypnosis, this researcher contacted David L. Johnson, the author of the above study, via telephone,¹² and was informed physician approval was needed because of the possible repercussions (arrhythmia) from the below underlined aversion techniques used in his study.

Each client was interviewed for one hour which is the customary length of time for an hypnosis session. This two week program with a three month follow up, consisted of a low dose of electric shock administered to the client's wrist while smoking a cigarette. Inhaling and puffing as fast as one could, or commonly known as rapid smoking as cited by Campbell Perry,¹³ and repeating negative imagery and statements (make it horrible, make it disgusting, "I hate those filthy rotten weeds"), were also a part of the aversion therapy. Each aversion session lasted twenty minutes, after which approximately thirty minutes of hypnosis was administered thus combining the two for a cumulative effect.

Many of the studies employed progressive relaxation, which is a technique used to relax the individual who is being hypnotized and places them in a suggestible state. After progressive relaxation, suggestions are given to the subject. In Johnson & Karkut's study mentioned above, negative as well as positive imagery was suggested after progressive relaxation was administered. In the second session of the above study,

¹² David L. Johnson, Ph. D., interview by author, Telephone conversation, Springfield, Missouri, 14 March 1996.

¹³ Campbell Perry, Robert Gelfand, and Phillip Marcovitch, "The Relevance of Hypnotic Susceptibility in the Clinical Context," American Psychological Association, Inc. 79 (March 1979): 592-603.

Johnson and Karkut's study, self hypnosis was added, and after session 5 a generalized audio cassette tape of instruction and exercises was used in the program and clients were asked to listen to the tape for a week and as much as desired thereafter.

The above study was quite similar to this researcher's in that the length of the study was three months, clients were seen on a first come first serve basis, progressive relaxation was used, and an audio tape was made during the session for the client to take home and use as directed for two weeks and then as desired thereafter.

However, unlike this researcher's study, physician's approval was unnecessary, only one to three sessions were administered, aversion therapy was not used, nor negative suggestions or negative imagery.

Results of Johnson and Karkut's study were excellent showing that after a three month follow up 86% or 80 of the men reported continued abstinence, and 87% or 81 of the women reported continued abstinence. Unfortunately, the study did end at three months, and Dr. Johnson stated¹⁴ that "long term follow up was not done," thus the continued progress of the participants is unknown. Similarly, a three month study done by Perry, et al,¹⁵ reported abstinence was only 24% when hypnosis and rapid smoking was used, which indicates inharmonious results between the two studies. This researcher can only surmise that the aversion therapy used in Johnson & Karkut's study was more extensive, and only one clinician hypnotized all subjects as opposed to Perry's study

¹⁴ Ibid., (Johnson)

¹⁵ Ibid., (Perry)

which utilized more than one hypnotherapist, thus continuity in hypnotic technique appeared to be more constant in Johnson's study.

In a more controlled study in which clients were personally selected by the clinician,¹⁶ client's were seen only through physician, dentist, or psychologist referral. Upon speaking with Dr. Crasilneck's secretary of seven years, Shirley Allison, she stated the reason for the referrals was to assure Dr. Crasilneck that his patients were medically and emotionally sound, and to further build business rapport with the referral source.¹⁷ After clients were referred to Dr. Crasilneck, they were screened by his secretary. A client information card including motivation level to quit smoking, was given to the clinician who then decided whether the clients would be good candidates and approved or disapproved their admittance to the program. Prior to the hypnotic session, negative data regarding smoking was verbally conveyed to the client as well as graphic pictures shown of carcinoma of the lung and a narrative description of factually grounded material concerning the disease and eminent death. The program consisted of 100 participants who were seen for three consecutive days of hypnosis, with a follow up session three weeks later.

Similar to the first study, progressive relaxation was used, and self hypnosis was taught and encouraged to be used daily. However, unlike the first study, convincers, which are techniques to prove to the client he or she hypnotized, were administered.

¹⁶ Harold B. Crasilneck, "Hypnotic Techniques for Smoking Control and Psychogenic Impotence," American Journal of Clinical Hypnosis 32 (January, 1990): 147-51.

¹⁷ Shirley Allison, secretary, interview by author, Telephone Conversation, Dallas, Texas, 14 March 1996.

Suggestions that a client's arm be as rigid as steel, or one's eyelids as tight as glue so that the one could not open his or hers eyes were given as convincers. Since clients usually do not feel they are in a deep trance state, and want to know they are hypnotized, convincers help to persuade them of the hypnotic state, add to the mystique of hypnosis, and assist in enhancing the client's belief of the hypnotic state.

A combination of Nicorette gum (prescription gum used for smoking cessation whose ingredients include nicotine) and sugarless gum was recommended for those experiencing difficult withdrawal symptoms. This researcher believes that this intervention skews the hypnotic results since Nicorette gum is used as an individual aid in helping people stop smoking without the use of hypnosis. Clearly, Nicorette gum and hypnosis are two interventions and both are alternative methods for stopping smoking.

After the three consecutive daily hypnotic sessions are completed, the patient calls daily for the next 21 days and relays to the secretary that they are not smoking and will not smoke. The follow up session (no.4), is administered prior to the 21 days upon the client's request or after this period, and the clinician is available for reinforcement if necessary. Suggestion is made that the patient call with a progress report once a month for a year. Those patients who did not call back or were unable to be contacted by the clinician's staff were considered treatment failures. Results after one year showed 81% of the clients no longer smoked.

Again, this researcher believes the information regarding the hypnotic sessions necessary to assist the client are skewed based upon the above "reinforcement sessions" and the use of Nicorette gum which contains nicotine.

In two single session studies, Spiegel, Frischholz, Fleiss, and Spiegel,¹⁸ and Williams and Hall,¹⁹ reported contrasting results, with respective percentages being 23% after a 2 year follow up period, and 45% after a 3 year follow up period. This researcher can only speculate, after reviewing the literature, that Williams and Hall actually hypnotized clients twice within two 45 minute periods with a 15 minute break in between sessions, used only one hypnotherapist which helped in continuity of technique in each session, and their group was considerably smaller (20 clients versus 226). This researcher believes that follow up with the larger group may have been more difficult and those participants who were not able to be contacted after several attempts by telephone were considered treatment failures thus lowering percentage results.

Definition of Terms

1. Hypnosis - Hypnosis is an altered state of consciousness which can be used with certain individuals to produce desirable changes in habit parterres, self-image, motivation and life-style. During hypnotherapy, the therapist works primarily with the patients' unconscious processes in order to influence them in the desired direction of health and welfare.²⁰
2. Hypnotherapist - Induces hypnotic state in client to increase motivation or alter behavior patterns: Consults with client to determine nature of problem. Prepares

¹⁸ David Spiegel et al., eds., "Predictors of smoking Abstinence Follwoing a Single-Session Restructuring Intervention with Self-Hypnosis," American Journal of Psychiatry 150, (July, 1993): 1090-97.

¹⁹ John M. Williams and David W. Hall, "Use of Single Session Hypnosis For Smoking Cessation," Addictive Behaviors 13, (1988): 205-8.

²⁰ Harold B. Crasilneck, "Hypnotic Techniques for Smoking Control and Psychogenic Impotence," American Journal of Clinical Hypnosis 32, (January, 1990) 147.

client to enter hypnotic state by explaining how hypnosis works and what client will experience. Tests subject to determine degree of physical and emotional suggestibility. Induces hypnotic state in client, using individualized methods and techniques of hypnosis based on interpretation of test results and analysis of client's problem. May train client in self hypnosis conditioning.²¹

3. Suggestibility - susceptible to suggestion through hypnosis.
4. Desensitization - The process of inducing a relaxed state in a client and then having him or her visualize or imagine a situation that was or continues to be stressful. The relaxation then becomes the dominant force, and as the subject begins to relate to being relaxed and calm while relating to the situation in question, he or she allows for removal or desensitization of the situation.²²
5. Smoking - to draw the smoke of tobacco, etc. into the mouth, and often the lungs, and blow it out again.²³
6. Second Hand Smoke or passive smoking - the inhalation of smoke from cigarettes smoked by other people.²⁴

²¹ Department of Labor, Employment and Training Administration, Dictionary of Occupational Titles ([Washington, D.C.] : U. S. Department of Labor, Employment Service, 1991), 70.

²² John G. Kappas, Professional Hypnotism Manual (California: Panorama Publishing Company, 1978), 260.

²³ Webster's New World Dictionary, 3d ed., s. v. "smoke."

²⁴ Phillip Cohen, Drugs The Complete Story Tobacco, (Austin, Texas: Steck-Vaughn Company, 1992), 4.

7. Progressive Relaxation - a technique used for relaxation purposes where the client is relaxed from the bottom of their feet to the top of their head through verbal suggestion by the hypnotherapist.
8. Smoking Cessation - Total abstinence from smoking.
9. Literal suggestion - A direct suggestion with no underlying meaning (i.e. you are now a non-smoker).
10. Inferred suggestion - A suggestion given that contains a message other than the immediately obvious one. Usually the underlying meaning is not immediately understood by the subject consciously, but he will have a delayed reaction to it (i.e. as days pass, you will notice you no longer have any cravings or urges and no longer have a cigarette in your hand, and you know what that means).
11. Convincer - When the hypnotherapist gives a suggestion and the client responds appropriately (i.e. you will not be able to open your eyes; your arm is as rigid as steel), and the client accepts that he is in an altered state of consciousness and/or convinced that he is hypnotized.
12. Aversion therapy - when the hypnotherapist gives negative suggestions, administers physical discomfort (i.e. low dose of electric shock), or has client repeat a negative behavior (i.e. rapidly smoking cigarette after cigarette).
13. Self hypnosis - the act of hypnotizing oneself.

Statement of Hypothesis

For the purpose of this study the following hypothesis is posed: Hypnosis can help eliminate cigarette smoking within one to three consecutive weekly sessions.

CHAPTER III

METHODOLOGY

Research Design

This research design is descriptive in nature and involves an A-B design. The A phase, or baseline period, is that phase of measurement in which the subject's target problem is measured before the intervention is applied. The B phase is where the intervention is introduced in order to change the behavior.²⁵

Each participant was seen individually in a comfortably furnished 10' x 12' office at the Hypnosis Center of Dunwoody, in Dunwoody, Georgia. Clients sat in a straight back chair while being interviewed, however, when hypnosis was performed, the client moved to a comfortable recliner. The researcher also changed seats and moved from behind her desk to a chair closer to the participant.

Upon arrival at the researcher's office, forms were presented to the client by the receptionist prior to meeting this researcher. Those forms included a personal data sheet (Appendix A), a suggestibility questionnaire (Appendix B1 and B2), a health appraisal indicator (Appendix C), and a policies form (Appendix D). After completion of the forms, the client was greeted by this researcher and escorted to her office at which time the questionnaires were scored by the researcher, and discussed by both. The client was

²⁵ Martin Bloom and Joel Fisher, *Evaluating Practice -- Guidelines for the Accountable Professional* (New Jersey: Prentice Hall, 1982) 253.

then asked if he or she would like to participate in the researcher's stop smoking study and if they agreed to please sign the consent form (Appendix E).

Next, the client's smoking history was taken and certain questions were asked regarding the same. Some questions posed were, "how long have you smoked, have you ever stopped for a period of time and for how long, what was most difficult for you when you previously stopped smoking, what was easy for you, what do you think will be most difficult for you now, do you have any apprehension about stopping smoking, when do you smoke the most (under what conditions), is there anything happening in your life now that is stressful which you believe causes you to smoke more, what would you like to have happen today, how would you like to think and feel when you leave here today?" The above questions and more were asked to determine what suggestions to give the client in hypnosis.

After the history was taken, hypnosis was explained, and any questions the client had answered. Next, a verbal test was used in which the client was given literal or inferred suggestions while his or her eyes were closed. Those suggestions being, "in a few moments you will feel a need for more oxygen and your breathing will increase; you will begin to experience a dryness in your mouth or an urge to swallow; your eyes will roll upwards slightly underneath your eyelids and you'll experience a little flickering and fluttering of your eyelashes." (The client's responses validated the suggestibility questionnaire which was filled out prior to session.)

After the above verbal test was given, the client was asked to sit in a comfortable recliner where progressive relaxation was performed (relaxing the client from the bottom of the feet to the top of the head through verbal suggestion). As the client became more

relaxed, positive suggestions were given regarding stopping smoking, such as “imagine yourself in any situation breathing easier, functioning more efficiently, and doing everything quite well as a non smoker. There is no more cigarette taste in your mouth or cigarette odor on your clothes, in your hair, or in your car, and your mind as well as your body totally and completely accepts that you are a non smoker, and this feels wonderful.

The client, while in hypnosis, was desensitized to stressful situations through verbal suggestions. Clients were asked to visualize or imagine themselves being more calm and relaxed in certain stressful situations, seeing themselves handling things more efficiently and effectively while continuing to be a non-smoker.

Also, depending upon the number of check marks noted on the health appraisal indicator, and conferring with the client, suggestions were given for maintaining a healthy eating and exercise routine while the client was in hypnosis.

All suggestions were tailored to address specific issues of each client which might cause them to smoke (i.e. stress, socializing, craving after meals). An audio tape was made during the hypnosis part of the session to be used at home by the client for reinforcement purposes and instructions were given (Appendix F). Also a tape log was given to the client for recording the number of times the client listened to the hypnotic tape (Appendix G).

Follow up sessions were recommended by the hypnotherapist, however, the client chose whether to return after his or her initial session. The client verbally informed the hypnotherapist via telephone or in person whether they stopped smoking after the first, second, or third session. If the client stopped smoking after any session, the researcher followed up with a telephone call once a week for two weeks and then once a month for

second, or third session. If the client stopped smoking after any session, the researcher followed up with a telephone call once a week for two weeks and then once a month for three months. During this period, if the client did not stop smoking after the third session, the client's participation in the program was terminated. If the client stopped smoking but relapsed, the client was considered a smoker and participation in the program ended. The client was considered a non-smoker after total abstinence of two weeks and three months.

Sampling

The participants in the study were all identified as smokers and were self referred (yellow pages, physician referral, recommended by previous clients of researcher), non-random in that they telephoned the researcher's office and set up an appointment for smoking cessation, and upon arrival were asked if they would like to participate in the study.

Qualifications of Researcher

Prior to discussing the instrumentation, this researcher believes it is appropriate to note her qualifications as a hypnotherapist. She was graduated from the Hypnosis Motivation Institute (HMI), located in Atlanta, Georgia, in 1984. HMI was a school and clinic of hypnotherapy approved by the Georgia Department of Education. After graduation, this researcher taught hypnosis and hypnotherapeutic techniques at the institute for three years. During this time, she saw clients on an individual basis, and frequently conducted group hypnosis programs for smoking cessation, weight loss, and stress reduction. She continues to be in private practice where she has worked and

continues to work with smoking clients using hypnosis as a primary and adjunctive treatment modality. She was a founder and past president of the National Hypnotherapy Association, is presently on the board of the Georgia Association of Clinical Hypnotherapists, Inc.(an educational and professional organization which promotes and advances the practice and profession of hypnotherapy through educational, political, public and other programs), and an AFL-CIO union member of the Hypnotherapists Association, local no.41.

Data Collection Procedure (Instrumentation)

Each participant was given a form to complete by a receptionist which included a personal data record (Appendix A), a suggestibility questionnaire (Appendix B-1 & B-2), a health appraisal questionnaire (Appendix C), policies form (Appendix D), consent/acknowledgment form (Appendix E), instructions on the use of the hypnotic tape (Appendix F), and tape log for recording days listened to their hypnotic tape (Appendix G).

The personal data record, which is a general information form, asks the client for name, address, gender, education, marital status, etc., and was designed by the researcher prior to this study. The suggestibility questionnaire, which contains thirty six questions, and was designed by Dr. John Kappas, psychologist and clinical hypnotherapist, and mentor of this researcher.²⁶ The questionnaire establishes the degree of right brain and left brain suggestibility of the participant, and cues the hypnotherapist whether to use literal suggestions or inferred suggestions. There is a numerical chart used to score

²⁶ John G. Kappas, "Suggestibility Questionnaire" (Hypnosis Motivation Institute - Student Handbook, 1983).

results. It is believed by this researcher that the instrument is valid and reliable in that each question was designed to explore only those variables concerning suggestibility.

The health appraisal questionnaire, which contains fifty-six questions, was created by Dr. Ron Hodges,²⁷ and indicates the possible degrees of stress (physical and emotional) the participant may be experiencing, and possible signs of hypoglycemia (low blood sugar) as indicated by the starred items on the questionnaire. The participants stress level was determined by the number of check marks located by each item on the health appraisal questionnaire. It was assumed the more checks present, the higher the stress level of the participant, thus the researcher asked questions to determine if certain areas warranted additional attention (i.e. cry easily for no reason, depressed, reduced initiative).

The individualized hypnotic tape was used for reinforcement purposes and was an aid in relaxation.

Data Analysis

Simple descriptive statistics were used to describe the data and to evaluate the results. The description consisted of the following reported characteristics of the participants: Size of the population, gender, age, number of years smoked, amount smoked, number of health or stress symptoms, and days listened to the hypnotic tape. Actual statistics used to describe the responses were percentages.

²⁷ Ron Hodges, "Health Appraisal Indicator" (Hypnosis Motivation Institute - Student Handbook , 1983).

CHAPTER IV

PRESENTATION OF RESULTS

There were 6 male and 10 female participants whose ages ranged from 18 to 59 years of age. The mean age was 37.18, and the median age was 36.5. (Initially there were 20 participants, however, four were terminated because they did not follow the study's requirements and skipped sessions.) The number of years participants smoked ranged from 3 to 40 years, with the mean being 19.25 years, and the median being 19.5 years. The amount of cigarettes smoked per day ranged from one half to three packs per day. All participants had some college or college degrees except one female who had a high school diploma. In selecting the sample, no effort was made to assure representation based on age, race, educational status, or amount of years or number of cigarettes smoked per day.

At the end of this researcher's three months study, 12 out of 16 participants (75%) were not smoking (Figure 1). All 6 males (100%) stopped smoking, and 6 out of 10 females (60%) stopped smoking.

Nine participants (56%) stopped smoking in one session, 4 were male and 5 were female. Two participants stopped smoking in 2 sessions (12%), 1 participant stopped smoking in three sessions (06%), and 4 did not stop smoking (25%).

Of those participants that smoked 1/2 pack per day, 1 stopped (06%) and 1 did not (06%). One participant that smoked 1/2 to 1 pack per day, did not stop smoking (06%).

Five participants who smoked 1 pack per day stopped smoking (31%), and 1 did not (06%). Four participants who smoked 1 1/2 to 2 packs per day stopped (25%), and one did not (06%). Two participants who smoked 2 packs per day stopped smoking (12%).

The number of check marks on the Health Appraisal Indicator ranged from 2 to 23 per participant, with 7 participants experiencing 12 symptoms or more, and 9 participants experiencing 7 or less. The number of days participants listened to their hypnotic tape ranged from 1 to 14 days, with a mean of 6.68 days, and median of 7 days.

DATA STOP SMOKING STUDY - PARTICIPANT

Table 1

<u>Male/ Female</u>	<u>Race</u>	<u>Age</u>	<u># Yrs. Smoked</u>	<u>Amt. Smoked Per Day - Pack</u>	<u># Sessions Stopped Smoking</u>	<u># Health Appraisal Symptoms</u>	<u># Days Listened To Tape</u>
M	C	40	23	1 1/2 - 2	1	17	9
M	A	49	32	2	2	7	8
M	C	35	18	1 1/2 - 2	1	5	7
M	A	49	25	1 1/2 - 2	1	2	5
M	C	44	25	2	1	6	7
M	C	21	6	1/2	1	2	6
*FM	C	36	20	1/2	N/A	7	5
*FM	C	56	39	2	N/A	4	1
FM	C	26	9	1	1	23	7
FM	C	25	10	1	1	14	7
*FM	A	37	20	1 1/2 - 2	N/A	16	6
FM	C	59	32	1	3	13	14
*FM	A	18	2	1/2 - 1	N/A	15	2
FM	C	27	17	1	1	12	5
FM	C	42	19	1 1/2 - 2	2	5	10
FM	C	31	11	1	1	4	8

* Did not stop smoking within 1 to 3 sessions of hypnosis

Race: C = Caucasian A = African American

CHAPTER V

SUMMARY AND CONCLUSIONS

In blunt terms, we are confronted with the problem of tobacco addiction. As with any other type of addiction it creates an economic strain on families, enhances the probability of many potentially terminal diseases and is most prominent often among the lower socioeconomic groups. It goes without saying that even if the smoker avoids acute illness his or her smoking can and will take its toll on others around them in the form of passive smoking. It is the role of the social worker to combat these issues through education and counseling. Hopefully, in reading this thesis it is evident to the reader that the purpose of this study is to examine the use of hypnosis as a viable option for assisting clients/individuals in their efforts to stop smoking.

After minimal research it was very clear that tobacco addiction in the form of smoking has been a problem for numerous centuries. The problem has continued to worsen and it appears that the habit of smoking has slightly increased among males but has increased significantly among females.

In conducting my literature review, there were some studies which included the use of aversion techniques which was strongly discouraged in this researcher's training. The most positive emphasized techniques or considerations other than aversion therapy included the use of progressive relaxation, self hypnosis, selectivity in choosing participants for one's study, the use of convincers, and the role of long term follow up. It

is understood by this researcher that it would be appropriate for the reader to revisit the definitions provided for this study.

The design of the study was set up with an “A” phase which is the period prior to the researcher making an intervention, and a “B” phase which is the point the intervention is introduced.

During the initial visit various forms were completed to obtain information regarding each individual including a smoking history. A consent form for participation was executed on the first visit. The hypnosis session was customized for each participant in that they were progressively relaxed and the session was focused on their specific concerns in addition to stopping smoking. Prior to the actual hypnosis the process was explained, and afterwards the session time was spent briefly discussing eating a healthy diet, use of their tape log, the advantages of additional follow up sessions, and phone contacts by this researcher.

Previously it was mentioned that this researcher believed the selection method for participants was of significance. The participants in this study were all self referred. A summary of the participants was provided to assist readers in better evaluating the findings of the study. In presenting additional information on the participants this researcher described her training and professional background in some detail. Prior to presenting the results of the study the collection procedure and instrumentation were presented for review and examination.

Lastly, research results were presented and implications for social work practice were detailed for examination and review.

Since 75% of the participants stopped smoking for a minimum of three months (Figure 1), it appears hypnosis is a viable and appropriate therapeutic method to one in overcoming this addictive and destructive habit. However, hypnosis, like anything else, is not a panacea. The individual's commitment, desire and motivation to quit is crucial, as was evidenced in Perry's study²⁸ where all of the quitters placed emphasis on their motivation to stop smoking as well as employed problem solving behaviors to help them resist temptation. Unlike the quitters, the nonquitters expected that little personal effort was needed and hypnosis would work automatically. Their expectations were negative and they assumed defeatist attitudes, thus results were poor.

The majority of the clients I worked with expressed strong motivation and determination to become non-smokers. I truly believe this is a prerequisite to accomplishing one's goal(s). For those participants who stopped smoking, they should be applauded, since this researcher, who once smoked 2 1/2 to 3 packs per day, recognizes that it takes more than external assistance to stop smoking; it takes inner strength, a willingness to stop, and a belief that you can.

In regard to males versus females in stopping smoking, this researcher believes the sample was too small to be truly valid. Age did not appear to be a factor, nor did race, however, race was weighted toward Caucasian.

The health appraisal questionnaire which is used essentially to determine low to high levels of stress, did not verify which participants would or would not have a difficult time stopping smoking. This researcher can only believe that her addressing the

²⁸ Campbell Perry, Robert Gelfand, and Phillip Marcovitch, "The Relevance of Hypnotic Susceptibility in the Clinical Context," American Psychological Association, Inc. 79 (March, 1979): 600.

clients identified stress symptoms during the hypnotic part of the session, assisted individuals in decreasing their levels of stress, and thus making it easier to stop smoking.

Unfortunately post session, many participants did not follow through and the hypnotic tape log to record the number of times they listened to their tape, and only offered guestimations regarding this phase of treatment. Since this researcher believes that reinforcement by listening to the hypnotic tape should increase the probability of becoming a non-smoker, the questionable information received from the participants made this data unreliable.

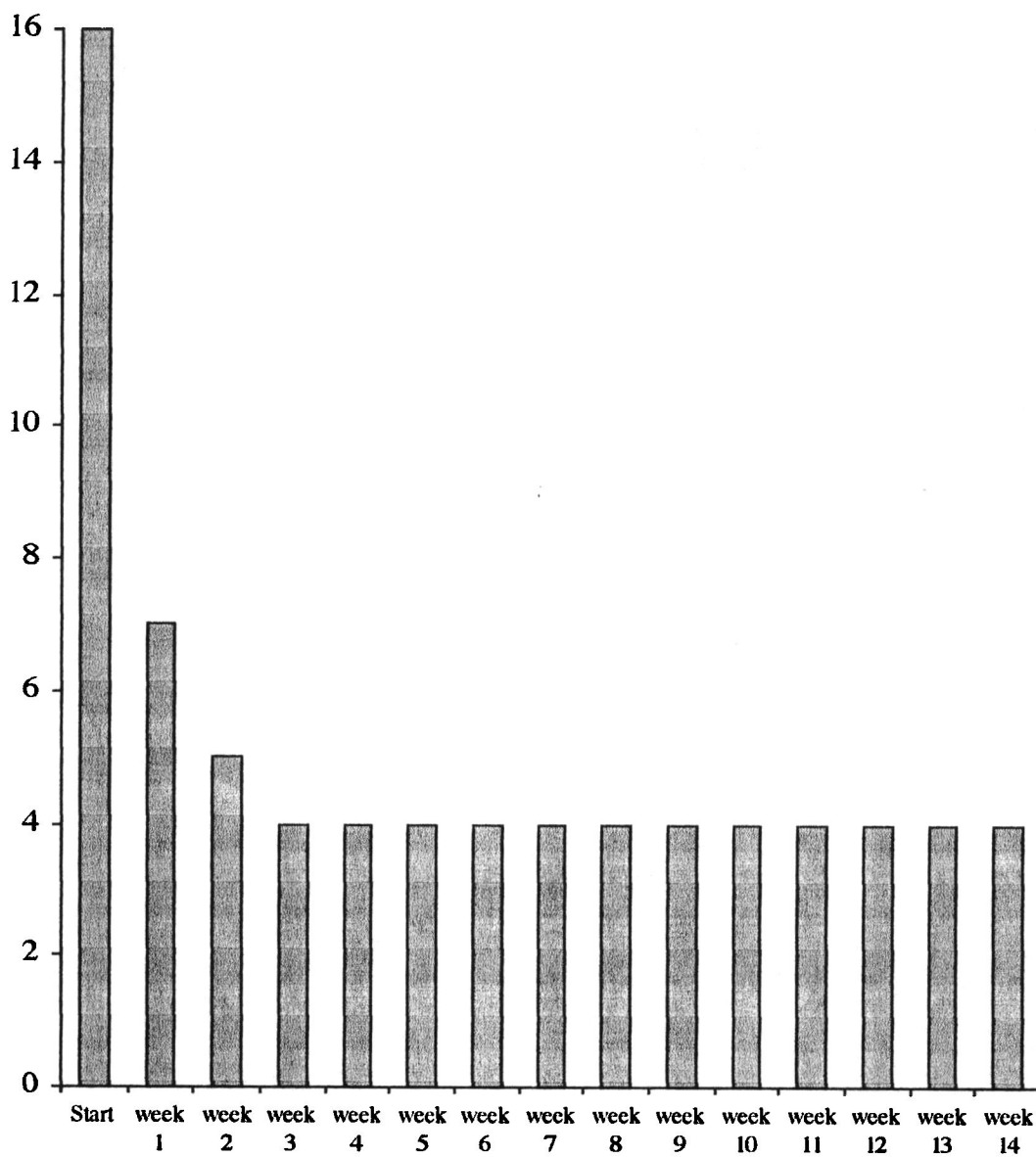


Figure 1: Number of Participants Smoking During Course of Study

Limitations of the Study

This researcher would have preferred a larger sample, however, time was a factor in this study. She believes that knowledge of long term results (i.e. year), and feedback from each client would provide necessary data to factor into additional stop smoking studies. This researcher can only assume that participants stopped smoking, since self reports of current smoking status may not be accurate.

It is also of note that aversion therapy which has been referred to in this study, was strongly discouraged by the faculty of the Hypnosis Motivation Institute during this researcher's attendance as a student. For further clarification it should be understood that aversion therapy consists of providing negative suggestions to clients which infer personal discomfort or harm if they continue to behave in a particular manner. Additionally, the client is required to perform specific behaviors that create personal physical discomfort to enhance the likelihood of the stated preferred behavior.

Suggested Research Directions

If one was to explore additional directions for future research studies as they relate to smoking cessation and hypnotherapy, I would like to suggest the following for consideration. It might be useful to look at additional means of providing both positive reinforcement and aversion techniques to accomplish smoking cessation. Three points are clear: 1) looking at selection criteria to a greater degree prior to permitting participants into the research project could be more closely examined in the future studies, 2) one might further investigate the importance of multiple and varied positive reinforcement as well as multiple and varied aversion techniques, and 3) it may also be of

significance to more closely examine patients mental and physical state to a greater extent before, during and post study. Also, having participants return and provide a saliva sample in order to test for the presence of thiocyanate (a biochemical measure of recent smoking) would confirm self reports.

CHAPTER VI

IMPLICATIONS FOR SOCIAL WORK PRACTICE

It is generally agreed in the social work field that case management, a comprehensive approach and what could be referred to as a holistic approach to working with clients is most appropriate. It is obvious that smoking cessation can be a key to improving the overall welfare of a client and all the others that are part of the client's life. This group would include immediate family, other loved ones, co-workers, etc. Investigation into smoking, smoking cessation and all of the related issues can significantly increase social work knowledge in relation to family health issues, family economic issues and the fulfillment of personal and family potential. It is equally important to assist clients in avoiding disease as well as enhancing clients abilities to maximize their problem solving and coping skills. It is clear that all aspects of one's life is impacted by all others and vice versa. In learning about smoking cessation through the use of hypnotherapy, could assist any social worker in their quest to increase and better understand their social work knowledge as it relates to the above identified issues.

Lastly, social work knowledge and theory are of great significance, however, what is of most importance is one's ability to put into practice new capabilities as they relate to working with clients. This research project affords individuals the opportunity to expand their practice expertise through the use of hypnotherapy.

APPENDICES

**HYPNOSIS CENTER OF DUNWOODY
PERSONAL DATA RECORD**

DATE: _____

NAME: _____ SEX: _____ S/S: _____
 ADDRESS: _____ APT.# _____ CITY: _____ ST: _____ ZIP: _____
 HOME PHONE: () _____ BUS.PHONE: () _____
 BIRTHDATE: _____ AGE: _____ MARITAL STATUS: _____ RELIGION _____
 EXTENT OF EDUCATION: _____ OCCUPATION: _____
 EMPLOYED BY: _____ HOW LONG: _____
 CITY: _____ ST: _____
 CLOSET RELATIVE OR FRIEND: _____ PHONE: () _____
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 HAVE YOU EVER HAD A SERIOUS ACCIDENT, INJURY OR ILLNESS? (If yes, please explain)

ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? (If so, for what reason?)

PLEASE BE SPECIFIC HOW YOU HEARD ABOUT US (Referral, white pages, yellow pages (which one), friend, etc.)

IF MEDICAL OR PSYCHOLOGICAL PROBLEM, REFERRING DOCTOR: _____

ARE YOU PRESENTLY TAKING ANY MEDICINES, ALCOHOL, DRUGS, MARIJUANA? (If so please list)

HAVE YOU TAKEN ANY OF THE ABOVE TODAY? (If so, please list)

HAVE YOU EVER BEEN HYPNOTIZED? _____ If yes, by whom: _____

IN THE FOLLOWING SPACE, PLEASE WRITE WHAT YOU WISH TO ACCOMPLISH THROUGH THE USE OF OUR PROGRAM: _____

WHEN THIS IS ACCOMPLISHED, WHAT COULD YOU DO THAT YOU CANNOT DO NOW?

**(Reduced to accommodate margins)
Appendix A**

<u>CLIENT'S NAME</u>	<u>SCORE</u>
<u>SUGGESTIBILITY QUESTIONNAIRE #1</u>	<u>CIRCLE ONE</u>
1. Have you ever walked in your sleep during your adult life?	Yes No
2. As a teenager, did you feel comfortable expressing your feelings to one or both of your parents?	Yes No
3. Do you have a tendency to look directly into a person's eyes and/or move closely to them when discussing an interesting subject?	Yes No
4. Do you feel that most people you first meet are uncritical of your appearance?	Yes No
5. In a group situation with people you have just met, would you feel comfortable drawing attention to yourself by initiating a conversation?	Yes No
6. Do you feel comfortable holding hands or hugging someone you are in a relationship with in front of other people?	Yes No
7. When someone talks about feeling warm physically, do you begin to feel warm also?	Yes No
8. Do you occasionally have a tendency to tune out when someone is talking to you because you are anxious to come up with your side of it, and at times not even hear what the other person said?	Yes No
9. Do you feel that you learn and comprehend better by seeing and/or reading than by hearing?	Yes No
10. In a new class lecture situation do you usually feel comfortable asking questions in front of a group?	Yes No
11. When expressing your ideas, do you find it important to relate all the details leading up to the subject so the other person can understand it completely?	Yes No
12. Do you enjoy relating to children?	Yes No
13. Do you find it easy to be at ease and comfortable with your body movements, even when faced with unfamiliar people and circumstances?	Yes No
14. Do you prefer reading fiction rather than non-fiction?	Yes No
15. If you were to imagine sucking on a sour, bitter, juicy, yellow lemon, would your mouth water?	Yes No
16. If you feel that you deserve to be complimented for something well done, do you feel comfortable if the compliment is given to you in front of other people?	Yes No
17. Do you feel that you are a good conversationalist?	Yes No
18. Do you feel comfortable when complimentary attention is drawn to your physical body or appearance?	Yes No

(Reduced to accommodate margins)

Appendix B1

SUGGESTIBILITY QUESTIONNAIRE #2CIRCLE ONE

- | | | |
|--|-----|----|
| 1. Have you ever awakened in the middle of the night and felt that you could not move your body and/or talk? | Yes | No |
| 2. As a child, did you feel that you were more affected by the tone of voice of your parents than by what they actually said? | Yes | No |
| 3. If someone you are associated with talks about a fear that you also have experienced, do you have a tendency to have an apprehensive or fearful feeling also? | Yes | No |
| 4. If you are involved in an argument with someone, after the argument is over, do you have a tendency to dwell on what you could have or should have said? | Yes | No |
| 5. Do you have a tendency to occasionally tune out or void out when someone is talking to you and not even hear what was said because your mind drifts to something totally unrelated? | Yes | No |
| 6. Do you sometimes desire to be complimented for a job well done, but feel embarrassed or uncomfortable when complimented? | Yes | No |
| 7. Do you often have a fear or dread of not being able to carry on a conversation with someone you just met? | Yes | No |
| 8. Do you feel self-conscious when attention is drawn to your physical body or appearance? | Yes | No |
| 9. If you have your choice, would you rather avoid being around children most of the time? | Yes | No |
| 10. Do you feel that you are not relaxed or loose in body movements, especially when faced with unfamiliar people or circumstances? | Yes | No |
| 11. Do you prefer reading non-fiction rather than fiction? | Yes | No |
| 12. If someone describes a very bitter taste, do you have difficulty experiencing the physical feeling of it? | Yes | No |
| 13. Do you generally feel that you see yourself less favorably than others see you? | Yes | No |
| 14. Do you tend to feel awkward or self-conscious initiating touch (holding hands, kissing, etc.) with someone you are in a relationship with in front of other people? | Yes | No |
| 15. In a new class or lecture situation, do you usually feel uncomfortable asking questions in front of the group even though you may desire further explanation? | Yes | No |
| 16. Do you feel uneasy if someone you have just met looks you directly in the eyes when talking to you, especially if the conversation is about you? | Yes | No |
| 17. In a group situation with people you have just met, would you feel uncomfortable drawing attention to yourself by initiating a conversation? | Yes | No |
| 18. If you are in a relationship or are very close to someone, do you find it difficult or embarrassing to verbalize your love for them? | Yes | No |

(Reduced to accommodate margins)

Appendix B2

Health Appraisal Indicator

Please check any of the following that apply to you

1. ☐ Abnormal craving for sweets
2. ☐ Afternoon headaches
3. ☐ Allergies - tendency to asthma, hay fever, skin rash, etc.
4. ☐ Awaken after a few hours of sleep or hard to get to sleep
5. ☐ Aware of breathing heavily
6. ☐ Bad dreams or night terrors
7. ☐ Bleeding gums
8. ☐ Blurred vision
9. ☐ Brown spots or bronzing of skin
10. ☐ Bruise easily (black and blue spots)
11. ☐ "Butterfly" stomach or cramps
12. ☐ Can't decide easily
13. ☐ Can't work under pressure
14. ☐ Chronic fatigue*
15. ☐ Chronic nervous exhaustion*
16. ☐ Cold hands and feet
17. ☐ Convulsions
18. ☐ Craving for sweets or coffee in the afternoons
19. ☐ Cry easily for no reason
20. ☐ Depressed
21. ☐ Difficult to get started in the morning without coffee
22. ☐ Dizziness
23. ☐ Drink _____ cups of coffee daily
24. ☐ Eat often or get hunger pangs or faintness*
25. ☐ Eat when nervous
26. ☐ Family history of diabetes or hypoglycemia (low blood sugar)
27. ☐ Fatigue that is relieved by eating*
28. ☐ Faintness if meals are delayed*
29. ☐ Feeling of loss of control
30. ☐ Frequent headaches
31. ☐ Frequent vaginal yeast infections (females)
32. ☐ Get shaky if hungry*
33. ☐ Hallucinations
34. ☐ Hand tremors
35. ☐ Heart palpitates if meals are missed or delayed
36. ☐ Highly emotional
37. ☐ Hunger between meals
38. ☐ Impotence (males)
39. ☐ Insomnia
40. ☐ Inward trembling
41. ☐ Irritable before meals
42. ☐ Lack energy
43. ☐ Lack of sex drive
44. ☐ Magnify insignificant events
45. ☐ Moods of depression, the "blues" or melancholy
46. ☐ One or more cola drinks daily
47. ☐ Phobias or fears
48. ☐ Poor memory or lack of concentration
49. ☐ Reduced initiative
50. ☐ Regular alcohol consumption
51. ☐ Sleepy after meals*
52. ☐ Sleepy during the day*
53. ☐ Weakness, dizziness
54. ☐ Worrier, feel insecure
55. ☐ Symptoms come before breakfast? (yes or no)
56. ☐ Do you feel better after breakfast than before? (yes or no)

(Reduced to accommodate margins)

Appendix C

**HYPNOSIS CENTER OF DUNWOODY
POLICIES**

The Hypnosis Center of Dunwoody is committed to providing professional hypnotherapy of the highest quality and standard. In order to serve our clients responsibly and efficiently, we would like you to understand our policies and purpose.

- **PURPOSE OF THERAPY**

Clients enter a program of behavioral conditioning and self-help which includes a to be determined number of weekly, private sessions, contingent upon individual needs. The purpose of this program of hypnotherapy and self hypnosis is the provision of self improvement, motivation, relaxation, stress reduction, and/or habit control. Hypnotherapy and self hypnosis is not to be construed as medical, or psychological treatment. Problems of a medical, or psychological origin are treated by medical or psychological referral only. Hypnotherapy at the Hypnosis Center of Dunwoody does not replace medical care and the client remains fully responsible for obtaining assistance of a medical, or psychological nature.

- **CHARGES**

The cost of each private session (50 minutes) is \$80.00, per client, payable when service is rendered. Relationship enhancement sessions are \$130.00 per couple per session, payable when service is rendered.

- **CANCELLATIONS**

Clients will be charged the full session fee when cancellations occur **WITH LESS THAN 24 HOUR NOTICE.**

- **PROMPTNESS**

If clients are late for an appointment, they will forfeit the missed time and the session will end as scheduled. If the hypnotherapist is late, clients are still entitled to, and will receive a full 50 minute session.

We are aware of your interest in your personal growth and health, thus appreciate your commitment to success.

Your signature is your acknowledgment that the above policies are clearly understood.

Client Signature

Date

Hypnotherapist Signature

Date

(Reduced to accommodate margins)
Appendix D

Dear Client:

As part of my stop smoking research program in the school of Social Work at Clark Atlanta University, I am researching the effectiveness of hypnosis in assisting people with stopping smoking within one to three consecutive weekly sessions.

As a stop smoking client, you are being requested to participate in this program by agreeing to the following:

1. Maintain a two week log noting the number of days in which you listened to your stop smoking hypnotic tape (attached).
2. Verbally inform this researcher whether or not you have stopped smoking or have continued to smoke after the initial session and/or following sessions.

I will telephone you each week for two weeks after you have confirmed that you have stopped smoking, and once a month for three months to inquire about your stop smoking status. After the three months have elapsed, your participation in this research program will be completed.

Please be aware that your participation in this program is entirely voluntary and strictly confidential.

Essy Freed

Date

I voluntarily agree to participate in the stop smoking research program and understand that I have the opportunity to ask any questions regarding the same during the duration of the program.

(Please use initials only)

Date

Appendix E

STOP SMOKING TAPE INSTRUCTIONS

1. Please do not listen to your tape while driving.
2. Please listen to your tape where you will not be disturbed for at least 15 minutes. If you are disturbed (doorbell, phone), count yourself up...0,1,2,3,4,5 eyes open and wide awake.
3. Please do not lie down flat while listening to your tape. The mind will associate this with sleep and should you fall asleep the suggestions will not be effective.
4. Your tape was designed specifically for your use only. Please do not let others listen to your tape.
5. Think, feel, and imagine what is on the tape as if it was happening now.
6. Listen to your tape daily for two weeks.
7. Should you experience any cravings or urges, please take a deep breath, hold it for a count of 10 and exhale slowly thinking calm and relax. Do this several times until the urge or craving has subsided or is eliminated.

If you have any questions or comments regarding your tape or session, please do not hesitate to contact me. Phone: **(770) 390-0444**.

Sincerely,

HYPNOSIS CENTER OF DUNWOODY

Essy Freed, Cl.H., BSW
Clinical Hypnotherapist

STOP SMOKING HYPNOTIC TAPE LOG

**PLEASE PLACE A CHECK MARK UNDER EACH DAY YOU LISTENED TO
YOUR TAPE.**

Date: _____ **to** _____

1st week: **Sun.** **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.** **Sat.**

Date: _____ **to** _____

2nd week: **Sun.** **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.** **Sat.**

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